

Surveillance Snapshot

Montana Communicable Disease Epidemiology Program

January, 2009



Health Care Personnel & Influenza Vaccination

Figure 1. Reported (confirmed and suspected) cases of influenza in Montana, 2004 - 2008

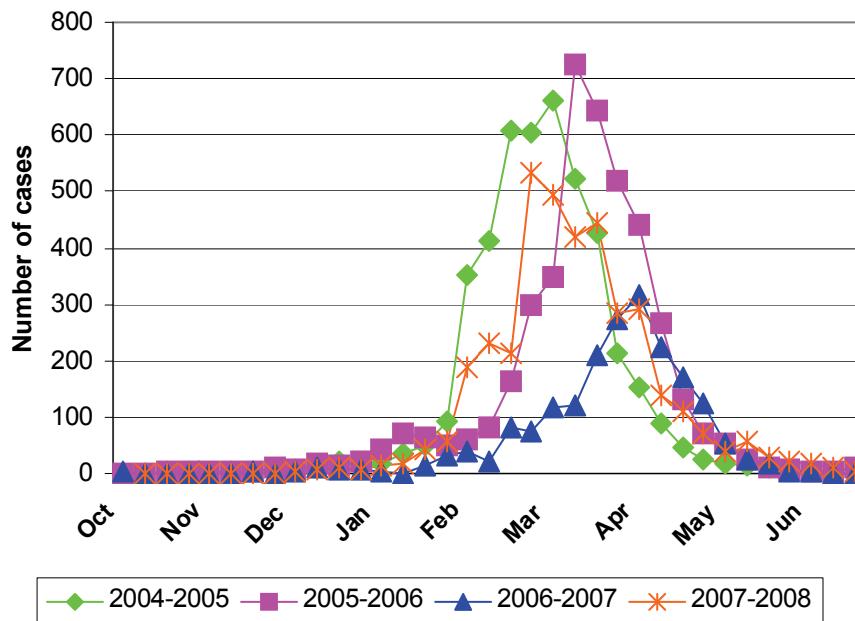
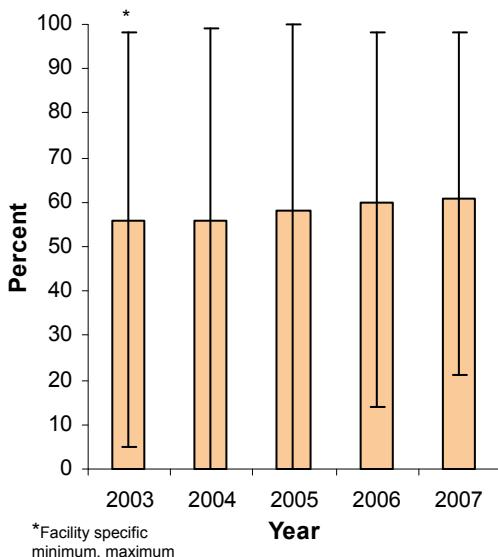


Figure 2. Proportion of health care personnel in long-term care settings immunized for influenza, Montana, 2003-2007



Seasonal outbreaks of influenza occur annually across the United States, typically during late fall through early spring (1). The rates of serious illness and death are highest among persons aged >65 years, children <2 years, and persons of any age who have medical conditions that place them at increased risk for complications from influenza (1). Large numbers of Montana residents have influenza during the season peak which occurs in Spring (Figure 1).

Current CDC recommendations stress annual influenza vaccination as the most effective method for preventing influenza (1). Because health care personnel (HCP) work extensively with those at highest risk for disease and complications, ***all health care personnel should be vaccinated annually against influenza.*** This includes physicians, nurses, and all employees of long-term care (LTC) facilities who have contact with patients or residents. Montana LTC facilities report that many of their HCP are vaccinated; however, facility-specific rates vary considerably (Figure 2). Despite targeted campaigns, vaccination coverage of this group is less than optimal. Higher vaccination coverage of LTC HCP would help protect this vulnerable population as well as the HCP themselves. Data about HCP vaccination in hospitals in Montana are not readily available; however, anecdotal reports reflect a vaccination pattern similar to that in LTC. Leaders in public health and health care facilities must continue efforts to increase influenza vaccination coverage for all HCP in Montana.

[1] Centers for Disease Control and Prevention. Prevention and Control of Influenza; Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. MMWR 2008; 57 (RR07):1-60.



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